



	Administra			CAR ENDING
	BY	DECEMBER 31, 20	0.7	
	1	GENERAL INFORM	<u>IATION</u>	RECEIVE
1.	Name KATHLEEN	ELLEN DELANEY		FEB 01 2008
2.	Title Service 1	LEPUTY ATTORNEY GENER	AL	COMMISSION
3.	Mailing address P. O.	Box 28786		ON ETHICS
	Las '	VEDAS, NEVADA 891.	26	
4.	Length of residence in Nevada			
5.	County in which you are regis	tered to vote CLARK	COUNTY	
6.	Length of residence in the cou	nty in which you are registered t	o vote 42 years	5 8months
		TION FOR EXTRA-JUDI		
		INCOME		
S	Sources should be disclosed under Attach additional sheets if necessa Source of Income	PLOYER KATH		
	OFFICE OF THE ATTURNEY	GENERAL		

REAL PROPERTY

9.	beneficial interest, and is located in are required – list the street address	re, and particular use of any real estate on al residence, in which you or a mem Nevada or any adjacent state. See Car or legal description. You must designd, commercial building, apartments, Nature/Particular Use	ber of your household has a legal or non 4I(2)(a)(iv). Specific addresses nate whether the property is unimsingle-family, rental, etc. Attach
	None		Interest Holder
	1 30106		
		<u>CREDITORS</u>	
-	Disclose the name of each creditor to v (a) the debit is secured by a mortgage of question 9 above, or (b) the debt is on retained by the seller or its assignee or of Name of Creditor	of deed of trust of real property which	is not required to be listed under
	В	USINESS ENTITIES	
s e	List each business entity in which you or rust, director, officer, owner (in whole o ecurity representing one percent or montity. See Canon 4I(2)(a)(vi). Attach ad Business Entity AS VELAS DASSET VET (UE DIRECTIC NOW-PRESTIC (ORMATION) NO. (3)	re of the total outstanding stock or sed ditional sheets if necessary. Nature of Involvement REJIDENT	red as a trustee, beneficiary of a holder of any class of stock or curities issued by the business Person Involved Kantham Cum Drangy - Judicial (Ambidan)

GIFTS, BEQUESTS, FAVORS, OR LOANS

	Name and Place of Gift	Name of D	
NONE	of Gy.	Name of Donor	Amount
30,00			-

I HEREBY CERTIEV THAT TO	UE DIEODA (A TION CONTRACTOR OF	_	
/ /	HE INFORMATION CONTAINED IN THI	IS DOCUMENT IS TRUE AND COMPL	LETE.
1/24/08	XXIII	$\langle \cdot, \cdot \rangle / \langle \cdot, \cdot \rangle$	
Date		Signature	
		Signature /	
		(/	
File this form with the State	Court Administrator.		

State Court Administrator Administrative Office of the Courts 201 S. Carson Street, Suite 250 Carson City, Nevada 89701-4702

Telephone: (775) 684-1700